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## PART B - FEE(S) TRANSMITTAL

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25280 7590 11/27/2001

**MILLIKEN & COMPANY**  
920 MILLIKEN RD.  
PO BOX 1926  
SPARTANBURG, SC 29304

02/08/2002 EIN/EMR# 00000113 040500 09478875

01 FC:142 1280.00 OP  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

George M. Fisher	(Depositor's name)
<i>George M. Fisher</i>	(Signature)
<i>19 Feb. 2002</i>	(Date)

APPLICATION NUMBER	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/478,875	01/07/2000	Randolph S. Kohlman	2127	2290

TITLE OF INVENTION: BAG FOR HOME DRY CLEANING PROCESS

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
50	nonprovisional	NO	\$1280	\$0	\$1280	02/27/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
GRAVINI, STEPHEN MICHAEL	2162	034-311000

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*Terry T. Moyer*~~Milliken & Company~~*George M. Fisher*

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

**MILLIKEN & COMPANY**

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

**920 Milliken Road  
Spartanburg, SC 29303 USA**

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

## 4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies 18 copies

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0500 (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature)

(Date)

*George M. Fisher**19 Feb. 2002*

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